

California Film & Television Tax Credit Program

TAX CREDIT CERTIFICATE					
Tax Credit Certificate #:				Fiscal Year:	
One dit Allegation I attend				Data	
Credit Allocation Letter #:				Date:	
Production Title:					
Type of Production:					
Production Period	Start date of pre-produc	tion:			
	End date of post-produc				
Qualified Taxpayer:	Name:				
	Title:				
	Address:				
	City:		State:		ZIP:
	Phone:		Fax:		•
	Cell Phone:		Email:		
			7		
Qualified Taxpayer ID #:					
Seller's Permit # :			1	Tax Credit Allo	ocation:
			_		
Copyright Registration #:					
Pursuant to Revenue and Taxation C been granted the amount of Film and				nat the above identifie	d qualified tax payer has
This certificate does not guarantee a Revenue and Taxation Code. Purchataxes.		-			
Granted by					
Name & Title			Date		
Entity					